



Commercial Drivers License  
555 Wright Way, Carson City  
810 E. Gregg St, Sparks, NV 89431  
4110 Donovan Way, N Las Vegas, NV 89030  
3505 Construction Way, Winnemucca, NV 89445  
3950 E. Idaho St, Elko, NV 89801  
178 N. Avenue F, Ely, NV 89301

## THIRD PARTY CERTIFIER APPLICATION

NRS 483.912, NAC 483.125 to 483.197

☐ Original Certification ☐ Recertification

Office Use Only

Company # \_\_\_\_\_ Certifier # \_\_\_\_\_

Class # \_\_\_\_\_ Class Date \_\_\_\_\_

### Part I – To be completed by Certifier

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

### ⇓⇓ CONFIDENTIAL INFORMATION ⇓⇓

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Class: ☐ A ☐ B ☐ C Endorsements: ☐ T ☐ P ☐ N ☐ H ☐ S ☐ X

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have you ever had a driver's license in another state?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your driver's license ever been suspended, revoked, cancelled or is it subject to disqualification? If Yes, please explain: _____              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been convicted of driving under the influence of alcohol or a controlled substance in the past 7 years?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted of a gross misdemeanor or felony relating to the management of money, fraud or embezzlement? If Yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you operated a commercial motor vehicle for at least one year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. What is your position with your present employer? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. How long have you worked for this employer? _____  | <input type="checkbox"/> | <input type="checkbox"/> |

*I certify under penalty of perjury that the information on this application is true and accurate. I authorize the Department of Motor Vehicles to conduct any background investigation necessary to evaluate my driving, employment or credit history.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II – To be completed by Employer**

***I certify I am an authorized representative of*** \_\_\_\_\_  
Name of Company

***and request the Department of Motor Vehicles review the application of*** \_\_\_\_\_  
Name of Certifier

***and if qualified, to enroll him/her in the authorized class for third party certification of driving ability.***

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DEPARTMENT USE ONLY**



Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Nevada Record Check: ☐ Yes ☐ No Date: \_\_\_\_\_

CDLIS check: ☐ Yes ☐ No PDPS check: ☐ Yes ☐ No Date: \_\_\_\_\_

Other (please explain) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved: ☐ Denied: ☐ Enrolled in Class Number: \_\_\_\_\_

CDL Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_